

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Address:



### Acknowledgment of Receipt of Privacy Notice

By signing this form, you are only agreeing that you have received a copy of the UAMS Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Print Legal Representative's Name (if applicable)

\_\_\_\_\_  
Legal Representative's Signature

**If Legal Representative,** authority of Legal Representative \_\_\_\_\_  
(such as parent of a minor, guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

#### STAFF USE ONLY

We provided the Notice of Privacy Practices and attempted to obtain written acknowledgment but acknowledgment could not be obtained because:

- Patient or Legal Representative declined to sign the Acknowledgment of Receipt.
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Employee Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of Employee Completing Form

\_\_\_\_\_  
UAMS Location



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## **NOTICE OF PRIVACY PRACTICES**

*Effective Date: April 8, 2013*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is provided on behalf of the University of Arkansas for Medical Sciences including its Medical Center Research Institute, and clinics, Psychiatric Research Institute, Area Health Education Centers, and other facilities ("UAMS"). UAMS provides patient care through a healthcare system committed to education and research.

**PURPOSE:** This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. "Protected Health Information" is information that may identify the patient and that relates to the patient's past, present or future physical or mental health, and may include name, address, phone numbers and other identifying information.

We are required to give you this Notice and to maintain the privacy of your Protected Health Information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it. A current version of this Notice, with required revisions, if any, may be obtained from the UAMS web site, <http://www.uamshealth.com/> and will be posted in prominent areas of our facilities. You may also receive a current copy by sending a written request to the UAMS HIPAA Office, 4301 W. Markham #829, Little Rock, AR 72205.

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at UAMS Medical Center and its clinics, Area Health Education Centers and other UAMS facilities. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your health information.

If you believe your Privacy Rights have been violated, you may complain to us or to the U.S. Secretary of Health and Human Services. To file a complaint with us, you may send a letter describing the violation to the UAMS HIPAA Officer, 4301 W. Markham #829, Little Rock, AR 72205. There will be no retaliation for filing a complaint.

If you have questions or need more information, contact the UAMS HIPAA Office at 501-614-2187.

**WHO WILL FOLLOW THIS NOTICE:** This Notice describes the practices of UAMS healthcare professionals, employees, volunteers and others who work or provide healthcare services at any UAMS facility, including students-in-training.

**ACKNOWLEDGMENT:** You will be asked to sign an Acknowledgment of receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of this Acknowledgment.

**Your Privacy Rights.** You have the following rights relating to your Protected Health Information. You may:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of your records, in paper or electronic form. You may be charged a fee for the cost of copying, mailing or other supplies. We are allowed to deny this request under certain circumstances. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional identified by UAMS who was not involved in the original denial decision. We will comply with the outcome of this review.
- Request that we amend your record, if you feel the information is incomplete or incorrect. We are allowed to deny this request in certain circumstances and may ask you to put these requests in writing and provide a reason that supports your request.
- Request in writing a restriction on certain uses and disclosures of your information. We are not required to agree to the requested restrictions, unless you are requesting to restrict certain information from your health plan and have paid for your UAMS services in full.
- Obtain a record of certain disclosures of your Protected Health Information.
- Make a reasonable request to have confidential communications of your Protected Health Information sent to you by alternative means or at alternative locations.
- Provide us with written permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing.
- Submit any written requests to inspect, copy or amend your records to the UAMS Health Information Management Department.

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## NOTICE OF PRIVACY PRACTICES

**Our Responsibilities.** We are required to protect the privacy of your Protected Health Information, abide by the terms of the Notice, and make the Notice available to you. We are also required to notify you if a breach of your health information occurs.

### **Examples of Uses & Disclosures**

**We will use your Protected Health Information for treatment.** Certain information obtained by a nurse, doctor, therapist, or other healthcare worker will be put into your record and used to plan and manage your treatment. We may provide reports or other information to your doctor or other authorized persons who are involved in your care, including healthcare providers outside of UAMS. We may make your protected health information available electronically through an electronic health information exchange to other health care providers and health care providers and health plans that request your information for their treatment and payment purposes. Participating in an electronic health information exchange may also let us see their information about you for our treatment and payment purposes.

**We will use your Protected Health Information for payment.** A bill will be sent to you and/or your insurance company with information about your diagnosis, procedures and supplies used. We may also disclose limited information about your bill to others, such as collection agency, to obtain payment.

**We will use your Protected Health Information for regular healthcare operations.** UAMS may use your Protected Health Information to check on the care you received, how you responded to it, and for other business purposes related to operating the hospital or clinics. UAMS is a teaching facility, and information about you may be shared with students and trainees for teaching purposes.

**Business Associates:** We may share some of your Protected Health Information with outside people or companies who provide services for us, such as typing physician reports.

**Patient Directory:** Unless you tell us not to, we may disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation may also be given to members of the clergy.

**Notification:** We may use or disclose your Protected Health Information with a family member or other person involved in your care, your location and general condition unless you tell us not to do so.

**Communication with family:** We may share your Protected Health Information with a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care, unless you tell us not to do so.

**Research:** Your Protected Health Information may be used for research purposes in certain circumstances with your permission, or after we receive approval from a special review board whose members review and approve the research project.

**Coroners, Medical Examiners, Funeral Directors:** In the event of your death, we may disclose your Protected Health Information to these people, to the extent allowed by law, so that they may carry out their duties.

**Organ Donor Organizations:** We may share your Protected Health Information with the organ donation agency for the purpose of tissue or organ donation in certain circumstances and as required by law.

**Contacts:** We may contact you to provide appointment reminders or to tell you about new treatments or services.

**Fundraising and Marketing:** We may contact you as part of UAMS fundraising or marketing efforts. You have a right to opt out of Fundraising communications and may do so by calling 1-888-995-UAMS (8267) or emailing [advancement@uams.edu](mailto:advancement@uams.edu).

**Food and Drug Administration:** We may share your Protected Health Information with certain government agencies like the FDA so they can recall drugs or equipment.

**Workers Compensation:** We may disclose your Protected Health Information for workers' compensation claims.

**Public Health:** We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and as required by law.

**Communicable Disease:** We may disclose your Protected Health Information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.

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### **NOTICE OF PRIVACY PRACTICES**

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose your Protected Health Information to the institution or law enforcement as needed for your health or the health and safety of others.

**Law Enforcement:** We must disclose your Protected Health Information for law enforcement purposes as required by law.

**As Required by Law:** We must disclose your Protected Health Information when required by federal, state or local law, such as to report gunshot wounds.

**Health Oversight:** We must disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.

**Abuse or Neglect:** We must disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect involving children or endangered adults.

**Legal Proceedings:** We must disclose your Protected Health Information in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process, as allowed by law.

**Required Uses and Disclosures:** We must make disclosures when required by Secretary of Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.

**To Avoid Harm:** We may use and disclose information about you when necessary to prevent a serious threat to your health or safety of the health or safety of the public or another person.

**For Specific Government Functions:** In certain situations, we may disclose Protected Health Information of military personnel and veterans. We may disclose your Protected Health Information for national security activities required by law.

**Sale of Information:** UAMS will not sell your information without your prior written authorization or as otherwise allowed by law.

